

STUDENT APPLICATION FORM (A)

Application date:		Grade requested							
Student's Legal Last Name			Student's Legal First Name(s)						
Gender Male □ Female □			Preferred name						
Birth Date: (YYYY/MM/DD) Current grade			Student's age						
Status in Canada: Canadian Citizen Permanent Resident				☐ Student VISA ☐ (see Application Form B)					
Country of birth Country of Citizenship									
If not born in Canada, when did student arrive in Canada? YYYY/MM/DD									
CURRENT SCHOOL INFORM	ATION								
Previous school name				City/town		town			
Type of school Public □ Private □ Catholic □ Montessori □ French Immersion □ Other									
Current grade level			OEN N	UMBE	R (if available)				
FAMILY INFORMATION: FAT	THER								
Name of father or legal gua	rdian								
Last Name				First N	lame				
Address: street name and r	number						Apt/Unit #		
City	Province				Country (other than CANADA)				
Postal Code	Home phone				Cell				
Email address	Father's Employer								
Marital status: ☐ married ☐ divorced ☐ separated ☐ joint custody ☐ sole custody ☐ shared custody									
FAMILY INFORMATION: MC									
Name of mother or legal gu	ardian				1				
Last Name				First Name					
Address (or same as above Street name and number	山)				Apt/Unit #				
City	Province				Country (other than CANADA)				
Postal Code	Home phone				Cell				
Email address Mother's Employer									
Marital status: ☐ married ☐ divorced ☐ separated ☐ joint custody ☐ sole custody ☐ shared custody									
EMERGENCY CONTACT (OT	HER THAN PARENT)								
Name and number			Relationship to student:						
Student's Ontario Health Card Number									

CHURCH INFORMATION			
What church do you attend?	City		How long have you attended?
Do you attend church regularly as a family?	Yes No		
Does the student being enrolled attend chu		No	
If different than above, which church does t	:he student attend?		
Name and contact information of your past	or:		
How would you explain the gospel to your o	hild and is the gosp	el important to you	?
As a parent/guardian, do you have a persor		Jesus Christ? Yes	No
PROOF OF CONVERSION RECORD OF PAREN			
As a parent/guardian, briefly describe your	relationship with Je	sus Christ:	
	· · · / · ·		" · · · · · · · · · · · · · · · · · · ·
Does your spouse share your convictions? In	r no, is ne/sne in agi	reement with this a	pplication? Yes 🗀 No 🗀
REFERRAL INFORMATION			
How did you hear about the school?			
☐ a school family ☐ church ☐ other			
Why are you considering Whitefield?			

STUDENT INFORMATION									
Has the student ever been:									
Suspended?	Yes 🗆		No 🗆						
Expelled?	Yes 🗆		No □						
If yes, explain									
Has the student ever repeated a gra	de? Yes □ No □	l Which grade(s)?							
	□ No □								
If yes, explain	If yes, explain								
List any known allergies:									
Has your child any speech impedime	nt requiring therapy	? Yes □ No □ If yes nlease ex	xnlain						
Thus your crime arry speech impedime	int requiring therapy	. 163 🗖 110 🗖 11 yes, pieuse ex	tpiani						
		T							
Has your child been diagnosed with	any of the	☐ a visual impairment							
following: ADHD		depression	/aa Na						
☐ a learning disability		Does he/she wear glasses? Y Does your child have an IEP? Y							
☐ a hearing impairment									
I certify that the above information is	s true to the best of	my knowledge.							
•									
Signature of applicant									
Date									
Documents attached:									
bocaments attached.									
☐ Photocopy of Birth Certificat	e or Passport ID page	<u> </u>							
☐ Photocopy of Permanent Resident card (if not a citizen)									
□ Photocopy of immunization record									
☐ Photocopy of most recent report card (if applicable)									
☐ Photocopy of credit counselling summary or transcript (high school only)									
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